U. S. No. 2
OM—8-43
v. 5-17-39
I X37823

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7898

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2771

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12yrs 3 mos 21ds. (Specify whether years, months or days)
In this community 37 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. ~~3820 Hartford~~ City Sanitarium
(If outside city or town limits, write location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME OTTO KEUNE

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 26 (Day) 1883 (Year)

8. AGE: Years 62 Months 2 Days 0 If less than one day hr. min.

9. Birthplace Franklin County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER 12. Name Frederick Keune
13. Birthplace not known (City, town, or county) Germany (State or foreign country)

MOTHER 14. Maiden name Dorothy Loretta
15. Birthplace not known (City, town, or county) Germany (State or foreign country)

16. (a) Informant Chief Clerk Record Room
(b) Address 5400 Arsenal St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 29,1945 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C.Hoffmeister U.&L.Co.
(b) Address 7814 S.Broadway

19. (a) MAR 28 1945 (Date received local registrar) (b) J. F. Bruecek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th year 1945 hour 12;05 minute A. M.

21. I hereby certify that I attended the deceased from 12-1-44, 19..., to 3-26-45, 19...; that I last saw him 1m alive on 3-26-45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Endarteritis Luetica Cerebri — Duration
Luetic Aortitis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work?
(e) Means of injury

23. Signature Reginald Hoffstater (M. D. or other) M.D.
Address 4400 Arsenal Date signed 3/26/45

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....Registered Apprentice No.....,

working under my personal supervision.

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.